

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL**  
**LICENSING**  
**APPLICATION FOR LICENSURE**  
**PHARMACY TECHNICIAN**

DOPL-AP-061 REV 04/20/2001

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and the level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Please note that the address of record is public information and is available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**Supporting Documents and Fees:**

1. If you completed on-the-job training, submit the "Affidavit of Supervising Pharmacist" form completed by the licensed pharmacist responsible for your on-the-job education and training program, and a Pharmacy Technician Training Hours Log."
2. If you completed a formal training program, submit the "Affidavit of Official Program Representative" form completed by the official representative of your formal education and training program.
3. Submit a copy of your certificate issued by the Pharmacy Technician Certification Board to document your passing the national examination.

4. Submit the official letter from Experior with your passing score on the Utah Pharmacy Technician Law and Rule Examination.
5. Submit the \$50.00 non-refundable application processing fee.

**Additional Important Information:**

1. **Law and Rules Exam:** Applicants for licensure must pass the Utah Pharmacy Technician Law Examination. Contact Experior at the address and telephone number below to register for the examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior, which has been prepared to assist candidates take law exams.

In addition, the following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us/dopl/dopl1.htm>

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Pharmacy Practice Act
- ☐ Pharmacy Practice Act Rules

2. **Education and Training Requirement:** To be eligible for licensure, you must complete at least 300 hours of combined didactic and clinical training covering at least the following topics:

- ☐ Legal aspects of pharmacy practice such as laws and rules governing practice;
- ☐ Hygiene and aseptic technique;
- ☐ Terminology and symbols;
- ☐ Pharmaceutical calculations;
- ☐ Identification of drugs by trade and generic names, and therapeutic classifications;
- ☐ Filling of orders and prescriptions including packaging and labeling;
- ☐ Ordering, restocking, and maintaining drug inventory; and
- ☐ Computer applications in the pharmacy.

Your education and training must have been completed in either a licensed Utah pharmacy under the supervision of a licensed pharmacist OR in a formal educational setting.

3. **National Pharmacy Technician Certification Examination:** All applicants must have passed the National Pharmacy Technician Certification Examination.

For registration and fee information concerning the National Pharmacy Technician Certification Examination, contact the Pharmacy Technician Certification Board at (202) 429-7576.

**Make Licensure Fees Payable To:**

DOPL

**Mail Complete Application To:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

**Telephone Numbers:**

Direct Dial: (801) 530-6623 or  
(801) 530-6633

Utah Toll Free: (866) ASK-DOPL  
(866) 275-3675

**Fax Number:**

(801) 530-6511

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# APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

## GENERAL INFORMATION

License/Certificate/Registration Applying For: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PUBLIC MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**APPLICATION FOR:**

\_\_\_\_\_ Pharmacy Technician License

**EDUCATION AND TRAINING REQUIREMENT:**

Answer **AYes@** or **ANo@**

\_\_\_\_\_ I have completed the required program of education and training for licensure as a pharmacy technician in a **formal** educational setting.

Name of Program: \_\_\_\_\_

Address of Program: \_\_\_\_\_

Official Program Representative: \_\_\_\_\_

\_\_\_\_\_ I have completed the required program of education and training for licensure as a pharmacy technician through on-the-job training in a licensed **Utah** pharmacy.

Name of Utah Pharmacy: \_\_\_\_\_

Address of Utah Pharmacy: \_\_\_\_\_

Utah Pharmacy License Number: \_\_\_\_\_

Pharmacist in charge of your education and training: \_\_\_\_\_

**EXAMINATION REQUIREMENT:**

Answer **AYes@** or **ANo@**

\_\_\_\_\_ National Pharmacy Technician Certification Examination, Date(s) Taken: \_\_\_\_\_

\_\_\_\_\_ Utah Pharmacy Technician Law and Rule Examination, Date(s) Taken: \_\_\_\_\_

# PHARMACY TECHNICIAN QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for a license or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
3. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
4. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
5. \_\_\_\_\_ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
6. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
7. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
8. \_\_\_\_\_ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
9. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

**If you answer yes to question 8 or 9 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.**

10. \_\_\_\_\_ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
11. \_\_\_\_\_ Do you have any physical, mental, or emotional condition that will or may reasonably be expected to prevent you from practicing as a pharmacy technician?
12. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?

If the answer to any of the above questions is "YES", please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean that you will not be granted a license, however, additional documentation may be requested by the Division if the information submitted is insufficient.



# AFFIDAVIT OF APPLICANT EDUCATION and TRAINING

I declare **under penalty of perjury** as follows:

I am the person described and identified in this application.

I have completed a program of education and training in either a formal educational setting or on-the-job training in a licensed Utah pharmacy which consisted of at least 300 hours of combined didactic and clinical training and included at a minimum the following topics:

1. legal aspects of pharmacy practice such as laws and rules governing practice;
2. hygiene and aseptic technique;
3. terminology, abbreviations and symbols;
4. pharmaceutical calculations;
5. identification of drugs by trade and generic names, and therapeutic classifications;
6. filling of orders and prescriptions including packaging and labeling;
7. ordering, restocking, and maintaining drug inventory; and
8. computer applications in the pharmacy.

The program of education and training is outlined in a written plan and includes a final examination covering at a minimum the topics listed above.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O.Box 146741  
Salt Lake City, Utah 84114-6741

## **AFFIDAVIT OF SUPERVISING PHARMACIST RESPONSIBLE FOR ON-THE-JOB TRAINING PROGRAM**

I declare **under penalty of perjury** as follows:

I attest that the applicant has successfully completed a program of education and training in an on-the-job training program in a licensed Utah pharmacy.

I attest that the program consisted of at least \_\_\_\_\_ hours of combined didactic and clinical training and included at a minimum the following topics:

1. legal aspects of pharmacy practice such as laws and rules governing practice;
2. hygiene and aseptic technique;
3. terminology, abbreviations and symbols;
4. pharmaceutical calculations;
5. identification of drugs by trade and generic names, and therapeutic classifications;
6. filling of orders and prescriptions including packaging and labeling;
7. ordering, restocking, and maintaining drug inventory; and
8. computer applications in the pharmacy.

I attest that the program of education and training is outlined in a written plan which shall be available to the Division and Board upon request.

Applicant's Name: \_\_\_\_\_

Supervising Pharmacist's Name: \_\_\_\_\_

Signature of Supervising Pharmacist: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

License Number: \_\_\_\_\_

Utah pharmacy in which education and training was received: \_\_\_\_\_

Utah Pharmacy License Number: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O.Box 146741  
Salt Lake City, Utah 84114-6741

## **AFFIDAVIT OF THE OFFICIAL REPRESENTATIVE OF THE FORMAL EDUCATION PROGRAM**

I declare **under penalty of perjury** as follows:

I attest that the applicant has successfully completed a program of education and training in a formal educational setting.

I attest that the program consisted of at least \_\_\_\_\_ hours of combined didactic and clinical training and included at a minimum the following topics:

1. legal aspects of pharmacy practice such as laws and rules governing practice;
2. hygiene and aseptic technique;
3. terminology, abbreviations and symbols;
4. pharmaceutical calculations;
5. identification of drugs by trade and generic names, and therapeutic classifications;
6. filling of orders and prescriptions including packaging and labeling;
7. ordering, restocking, and maintaining drug inventory; and
8. computer applications in the pharmacy.

I attest that the program of education and training is outlined in a written plan which shall be available to the Division and Board upon request.

Applicant's Name: \_\_\_\_\_

Official Program Representative: \_\_\_\_\_

Signature of Official Program Representative: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Address of Program: \_\_\_\_\_

Telephone of Program: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O.Box 146741  
Salt Lake City, Utah 84114-6741

## PHARMACY TECHNICIAN TRAINING HOURS LOG

Technician Name: \_\_\_\_\_

Day	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1												
2												
3												
4												
5												
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**TO BE COMPLETED BY PHARMACIST IN CHARGE OF TRAINING:**

Pharmacist's Name: \_\_\_\_\_

Pharmacist's Lic. No.: \_\_\_\_\_

Pharmacy Name/Address: \_\_\_\_\_

Technician's Name: \_\_\_\_\_

The above named technician was employed under my supervision from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ and worked the hours shown on the log above.

Total Hours of Pharmacy Practice Experience: \_\_\_\_\_

Pharmacist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY TECHNICIAN:**

I have reviewed the information included in this document and agree that it accurately covers my technician training experience.

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_